

ORIGINATING OFFICE INFORMATION			
Name and Title	Organization	Telephone Number	
Address		Date	Due Date
Issuance Title	Issuance Type	Purpose	

*The attached document is a draft of an issuance for your comment. Feel free to mark anywhere on the draft. If you suggest major changes, please state them in a memorandum and return it with this draft to the originator listed above. After you review, check the appropriate box below, sign and send the entire package to the originator by the above due date. If you choose not to respond by that time, the originator will not be able to consider your comments. You should call the originator to request an extension, if you need one.*

REVIEWER RESPONSE			
<input type="checkbox"/> CONCUR (As written)	<input type="checkbox"/> NONCUR (Make suggested changes on draft or in an attached letter)	Signature	Date